

Case Number:	CM15-0063197		
Date Assigned:	04/09/2015	Date of Injury:	11/06/2007
Decision Date:	05/08/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old, female who sustained a work related injury on 11/6/07. The diagnoses have included right shoulder impingement syndrome, pain in shoulder joint and carpal tunnel syndrome. Treatments have included MRIs, physical therapy, acupuncture, multiple steroid injections, TENS unit trial, and medications. In the Visit Note dated 2/27/15, the injured worker complains of right shoulder pain. She complains of right arm pain. She states she has coldness and numbness in the right hand. She states the physical therapy with the Edgelow protocol has helped with the pain "significantly." She reports "having about 40% reduction in pain" with the use of the TENS unit. The treatment plan is formal requests for authorization for additional physical therapy sessions, an Edgelow kit for home exercises and the purchase of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENS (transcutaneous electrical nerve stimulation) Unit & Supplies (rental or purchase):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: This 66 year old female has complained of right shoulder pain since date of injury 11/6/07. She has been treated with steroid injections, physical therapy, acupuncture, medications and a TENS trial. The current request is for a TENS unit and supplies (rental or purchase). Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a TENS unit is not indicated as medically necessary.

Edgeglow Kit for home exercises: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder , Physical therapy.

Decision rationale: This 66 year old female has complained of right shoulder pain since date of injury 11/6/07. She has been treated with steroid injections, physical therapy, acupuncture, medications and a TENS trial. The available medical documentation does not contain adequate documentation of specific use of the requested equipment. On the basis of the available medical records and per the ODG guidelines cited above, Edgeglow Kit for home exercises is not indicated as medically necessary.

Continued Physical Therapy (Right Shoulder), 1 time weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy for Thoracic Outlet Syndrome.

Decision rationale: This 66 year old female has complained of right shoulder pain since date of injury 11/6/07. She has been treated with steroid injections, physical therapy, acupuncture, medications and a TENS trial. The current request is for continued physical therapy (right shoulder) 1 time weekly for 6 weeks. The available medical records do not contain adequate documentation of significant subjective and objective deficits in the most recent physical therapy note that would warrant continuation of physical therapy. On the basis of the available medical

records and per the ODG guidelines cited above, continued physical therapy (right shoulder) 1 time weekly for 6 weeks, is not indicated as medically necessary.